U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOŘ ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13693	2. Fiscal Year Covered From:	
	1 / 1 / 2004 T	hrough: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of la	abor organization.
Name David Parker	Name Electrical Workers	IBEW AFL-CIO
	Labor Organization File Number 0	22-469
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number	er, if any
Street 3920 Weber Way	Street 4315 Preston Highwa	sy, Suite 102
City Lexington	City Louisville	and a reconstruction of the contract of the second of the
State Kentucky ZIP Code + 4 40514	State Kentucky	ZIP Code + 4 40213-2031
5. Position in labor organization. Trustee - Loc #369 Retirement Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the except)	ouse or minor child directly or indirectly ha clusions set forth in the instructions):	ad any of the following interests
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the except as specified in the except and interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any).	lusions set forth in the instructions):	nefit of to represent.
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Telephone Number

Name of Person Filing David Parker	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	arricololistani arkir a nan representationistista Linkskii shura kheembaa kahamaa kanaani susamirsi ka
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City	11.b. Approximate dollar value of such dealing.	MI-2014 After Constitution of their computational design and the Albert Constitution of the Albert Con
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	A STATE OF THE STA
(including trade name, if any).	11/30/2004 Milage reimbursement.	
Name Elect Workers Loc Union #369 Retirement Fund	Ì	
Trade Name, if any:		İ
P.O. Box, Bldg., Room No., if any		
Street 906 Minona Avenue		
City Louisville		
State Kentucky ZIP Code + 4 40217		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$60

Name of Person Filing David Parker

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